## APPLICATION DATA SHEET FORM

#### Inventor Information

Inventor One Given Name:: Timothy E. Family Name:: Moutafis

Postal Address Line One:: 4 Tucker Street

City:: Gloucester

State or Province:: MA Country:: USA

Postal or Zip Code:: 01930 City of Residence:: Gloucester

State or Province of Residence:: MA
Country of Residence:: USA

Citizenship Country:: United States

Inventor Two Given Name:: Donald C. Family Name:: Freeman

Name Suffix:: Jr.

Postal Address Line One:: 23 Arborwood City:: Burlington

State or Province:: MA
Country:: USA

Postal or Zip Code:: 01803 City of Residence:: Burlington

State or Province of Residence:: MA
Country of Residence:: USA

Citizenship Country:: United States

Inventor Three Given Name:: Kevin P. Family Name:: Staid

Postal Address Line One:: 20 Boylston Street

City:: Lowell State or Province:: MA Country:: USA

Postal or Zip Code:: 01852
City of Residence:: Lowell
State or Province of Residence:: MA

Country of Residence:: USA

Citizenship Country:: United States

## Application Data Sheet Form

## **Correspondence Information**

Name Line One::

Lawrence M. Green

Name Line Two::

Wolf, Greenfield & Sacks, P.C.

Address Line One:

600 Atlantic Avenue

City::

**Boston** 

State or Province::

MA

Country::

U.S.A.

Postal or Zip Code::

02210 (617) 720-3500

Telephone One:: Telephone Two::

(617) 573-7830

Fax Number:

(617) 720-2441

Electronic Mail::

lgreen@wolfgreenfield.com

## **Application Information**

Title Line One::

Liquid Jet-Powered Surgical Instruments

Total Drawing Sheets::

25

Formal Drawings?::

Yes 1

Claims:: Application Type::

Utility

Docket Number::

S01192.70036US01

### Representative Information

Representative Customer Number::

23628

### **Continuity Information**

This application is a::

Continuation of

>Application One::

USSN 10/262,274

Filing Date::

October 1, 2002

Patent Number::

which is a::

Division of

>Application One::

USSN 09/480,500

Filing Date::

January 10, 2000

Patent Number::

6,511,493 B1

# Application Data Sheet Form

## **Assignee Information:**

Assignee name::

Hydrocision, Inc.

Street of mailing address::

100 Burtt Road, Suite G01

City of mailing address::

Andover

State or Province of mailing address::

MA

Postal or Zip Code of mailing address::

01810

**NOTE**: If there is more than one assignee, this information should be repeated for each one.

**NOTE**: Assignment information provided an ADS will not be officially recorded for this application. Assignment Information is considered recorded when submitted as provided in Title 37, Section 3. Assignment information submitted on an ADS only results in the assignment information being included on the patent application publication.